



ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.
Col Bonny Serrano Road cor E. Delos Santos Avenue, Camp Aguinaldo, Quezon City
Contact Nos. (02) 8822-MBAI (6224) Website: www.afpmbai.com.ph
Email: mail@afpmbai.ph Facebook: @AFPMBAIOfficial



MBAI PROTEK APPLICATION FORM

A. MEMBER INFORMATION:

LAST NAME	_____	HEIGHT	_____
FIRST NAME	_____	WEIGHT	_____
MIDDLE NAME	_____	MOBILE NO.	_____
EXTN/SUFFIX (Sr., Jr., III, etc.)	_____	EMAIL	_____
GENDER	_____	TIN	_____
CIVIL STATUS	_____	SSS/GSIS	_____
PLACE OF BIRTH	_____	RANK	_____
DATE OF BIRTH (mm/dd/yy)	_____	BRANCH OF SERVICE	_____
NATIONALITY	_____	UNIT ASSIGNMENT	_____
POSITION/OCCUPATION	_____	SERIAL/ACCOUNT NO.	_____
RESIDENCE ADDRESS	_____		
	House/Room/Bldg. No.	Street/Subdivision	Brgy/Sitio/Purok/Barrio
	Municipality/Town/City	Province	Zip Code
SOURCE OF INCOME	_____	MONTHLY INCOME	_____

B. DESIGNATED BENEFICIARIES: (All Beneficiaries are deemed revocable unless stated in this form)

NAME	DATE OF BIRTH/AGE	RELATIONSHIP	% SHARE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. AUTOMATIC CONTRIBUTION LOAN

If any contribution for insurance remains unpaid at the end of the grace period, and the member's Equity Value is sufficient, such contribution shall be paid from the member's Equity Value. Such payments will be considered as loan against the member's Equity Value.

D. HEALTH STATEMENTS

1. Have you ever been sick for the past five (5) years? If yes, please identify type of sickness.	Y <input type="checkbox"/>	N <input type="checkbox"/>	_____
2. Ever had any accident, operation or medical advise within the past five (5) years?	Y <input type="checkbox"/>	N <input type="checkbox"/>	_____
3. Do you have any disability or deformity? If yes, please indicate.	Y <input type="checkbox"/>	N <input type="checkbox"/>	_____

E. DECLARATION AND AUTHORIZATION / PRIVACY NOTICE AS PER REPUBLIC ACT 10173 & REPUBLIC ACT 9510

I hereby state and declare that all the answers contained herein are true, complete and correct to the best of my knowledge and belief, and shall form part of my application for insurance. It is understood and agreed that this insurance coverage shall take effect on the first day of the month for which the payroll deduction is made, if the payment is made thru Automatic Salary Deduction or actual date of payment of first contribution, if directly paid to AFPMBAI.

I hereby give consent to the processing, sharing, and/or transferring of my personal data relating to my account/s, without notice, to AFPMBAI, its service providers and entities or third parties having authority or right to such disclosure of information as in the case of regulatory agencies, governmental or otherwise, which have required such disclosure from AFPMBAI, also to enable AFPMBAI to service my account/s, to provide all existing features and future enhancement thereto, and to avail other AFPMBAI products, services, facilities, and channels as the AFPMBAI deems necessary. I agree to hold AFPMBAI, its affiliates, subsidiaries, and third party service providers free and harmless from any liability arising from or in connection with the consent herein given

AFPMBAI is mandated to submit your basic credit data (as defined in RA 9510 and its IRR), as well as any regular updates or connection thereof, to the CIC for consolidation and disclosure as may be authorized by the CIC, and other credit reporting agencies duly accredited by CIC, for the purpose of establishing your creditworthiness.

MEMBER'S SIGNATURE

DATE SIGNED

FOR AFPMBAI USE ONLY

RECOMMENDED BY: _____
CODE NO.: _____

APPROVED BY: _____
DATE APPROVED: _____



MBAI PROTEK 1.5%

RANK			Monthly Contribution (MC)	Estimated Monthly Equity (50% of MC at 1.5% of BP)	Estimated Annual Equity Build-up	*Maximum Disability Benefit	TOTAL DEATH BENEFIT		
			Total (1.5% of BP)				Natural Death (FA)	Accidental Death (200% of FA)	KIA (w/o CFAB)
AFP	PNP/BJMP/BFP/BUCOR	PCG							
CS			P278.81	P139.41	P1,672.92	P179,235	P179,235	P358,470	P268,853
PVT	PAT / JO1 / FO1 / CO1	ASN	P445.02	P222.51	P2,670.12	P286,084	P286,084	P572,169	P429,126
PFC		SN2	P453.92	P226.96	P2,723.52	P291,806	P291,806	P583,611	P437,709
CPL	PCPL / JO2 / FO2 / CO2	SN1	P463.01	P231.51	P2,778.12	P297,649	P297,649	P595,299	P446,474
SGT		PO3	P472.26	P236.13	P2,833.56	P303,596	P303,596	P607,191	P455,394
SSG	PSSG / JO3 / FO3 / CO3	PO2	P481.71	P240.86	P2,890.32	P309,671	P309,671	P619,341	P464,506
TSG		PO1	P491.34	P245.67	P2,948.04	P315,861	P315,861	P631,723	P473,792
MSG	PMSG / SJO1 / SFO1 / CSO1	CPO	P501.17	P250.59	P3,007.08	P322,181	P322,181	P644,361	P483,271
SMSG	PSMS / SJO2 / SFO2 / CSO2	SCPO	P511.19	P255.60	P3,067.20	P328,622	P328,622	P657,244	P492,933
CMSG	PCMS / SJO3 / SFO3 / CSO3	MCPO	P521.42	P260.71	P3,128.52	P335,199	P335,199	P670,397	P502,798
CADET	PEMS / SJO4 / SFO4 / CSO4	1MCPO	P575.49	P287.75	P3,453.00	P369,958	P369,958	P739,916	P554,937
P2LT			P575.49	P287.75	P3,453.00	P369,958	P369,958	P739,916	P554,937
2LT		ENS	P657.44	P328.72	P3,944.64	P422,640	P422,640	P845,280	P633,960
1LT	PLT / INSP	LTJG	P742.92	P371.46	P4,457.52	P477,591	P477,591	P955,183	P716,387
CAPT	PCAPT / SINSP	LTSG	P848.73	P424.37	P5,092.44	P545,612	P545,612	P1,091,224	P818,418
MAJ	PMAJ / CINSP	LCDR	P938.33	P469.17	P5,630.04	P603,212	P603,212	P1,206,424	P904,818
LTC	PLTCOL / SUPT	CDR	P1,069.70	P534.85	P6,418.20	P687,664	P687,664	P1,375,329	P1,031,496
COL	PCOL / SSUPT	CAPT	P1,208.75	P604.38	P7,252.56	P777,054	P777,054	P1,554,107	P1,165,580
BGEN	PBGEN / CSUPT	COMMO	P1,365.87	P682.94	P8,195.28	P878,059	P878,059	P1,756,119	P1,317,089
MGEN	PMGEN / DIR	RADM	P1,543.44	P771.72	P9,260.64	P992,211	P992,211	P1,984,423	P1,488,317
		VADM	P1,713.53	P856.77	P10,281.24	P1,101,555	P1,101,555	P2,203,110	P1,652,333
LTGEN	PLTGEN / DDGEN	ADM	P1,883.61	P941.81	P11,301.72	P1,210,892	P1,210,892	P2,421,784	P1,816,338
GEN	GEN		P2,246.78	P1,123.39	P13,480.68	P1,444,359	P1,444,359	P2,888,717	P2,166,538

*For total and permanent injuries due to accident or incurred while in the performance of duty. Disability benefit shall be based on the percentage of face amount depending on the gravity of injury. Updated as of Feb 2024

DISABILITY BENEFIT UNDER MBAI PROTEK BASIC INSURANCE/SGTI	
Benefit Description	Benefit Amount
BOTH HANDS OR BOTH FEET	100%
SIGHT OF BOTH EYES	100%
ONE HAND AND ONE FOOT	100%
EITHER HAND OR FOOT AND SIGHT OF ONE EYE	100%
EITHER HAND OR FOOT OR SIGHT OF ONE EYE	50%
HEARING OF BOTH EARS	50%
FOUR FINGERS	35%
HEARING OF ONE EAR	25%
ALL TOES ON ONE FOOT	25%
THUMB	15%
INDEX FINGER	10%
MIDDLE FINGER	6%
RING FINGER OR BIG TOE	5%
LITTLE FINGER	4%
METACARPALS 1ST OR 2ND (ADDITIONAL)	3%
METACARPALS 3RD, 4TH, OR 5TH (ADDITIONAL)	2%
ANY TOE OTHER THAN BIG TOE, EACH	1%

PARTICULARS	MBAI PROTEK
Monthly Contributions	1.5% of base pay(50% Insurance;50% Equity Fund)
Type of Insurance Plan	Term Insurance
Total Living Benefit	Member's Equity + Interest
Death Benefit (Natural)	100% Face Amount + Total Living Benefit
Death Benefit (Accident)	200% Face Amount + Total Living Benefit
Death Benefit (KIA)	150% Face Amount + Total Living Benefit
Dismemberment/ Disability Benefit	For total and permanent injuries due to accident or incurred while in the performance of duty
Equity Loan	Loans for members at 6% interest per annum
FREE Daily Hospital Income Benefit	P1,000 per day, up to 45 days per year



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AUTHORIZATION TO DEDUCT

DATE: _____

TO : FINANCE/DISBURSING OFFICER

I hereby authorize the Finance/Disbursing Officer to deduct from my salary the amount equivalent to 1.5% of my basic salary representing my monthly contribution for the MBAI PROTEK coverage and remit the same to the ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC. (AFPMBAI) effective immediately. In the event that my present Net Take Home Pay (NTHP) is insufficient to cover the monthly contribution, I also authorize my Finance/Disbursing Officer to effect the said deduction immediately as soon as my NTHP is sufficient enough to accommodate it. I further authorize AFPMBAI to access my personal information under my Unit/Office electronic payroll system.

This Authorization shall not relieve me from the responsibility of ensuring that the required deductions are made from my salary and promptly remitted to AFPMBAI when and as they become due. This authority shall terminate only upon my separation from the active service.

PRIVACY NOTICE AS PER REPUBLIC ACT NO. 10173

AFPMBAI upholds an individual's data privacy rights and observes that all personal information, sensitive personal information and privileged information collected and to be collected are processed or recorded, managed, organized, stored, updated, retrieved, consolidated, used, blocked, and erased according to the Data Privacy Act of 2012 (RA 10173), its Implementing Rules and Regulations (IRR), and various Circulars under the principles of transparency, legitimate purpose, and proportionality.

I hereby give my consent to the processing, sharing, and/or transferring of my personal data relating to my account/s, without notice, to AFPMBAI, its service providers and entities or third parties having authority or right to such disclosure of information as in the case of regulatory agencies, governmental or otherwise, which have required such disclosure from AFPMBAI, also to enable AFPMBAI to service my account/s, to provide all existing features and future enhancements thereto, and to avail other AFPMBAI products, services, facilities and channels as the AFPMBAI deems necessary. I agree to hold AFPMBAI, its affiliates, subsidiaries and third party service providers free and harmless from any liability arising from or in connection with the consent herein given.

PLEASE PRINT ALL INFORMATION LEGIBLY.

BRANCH OF SERVICE: _____

_____	_____	_____	_____	_____
RANK	(LAST NAME, FIRST NAME, MIDDLE NAME)	(SERIAL/ACCOUNT NO.)	SIGNATURE	TIN
_____	_____	_____	_____	_____
UNIT ASSIGNMENT	DATE OF BIRTH (MM/DD/YYYY)	MOBILE NO.	EMAIL ADDRESS	

Submitted by: _____
Signature over Printed Name / SOLCODE / FAMCODE

Transmittal No.: _____
(for SSS use only)



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Signature over Printed Name / SOLCODE / FAMCODE

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